

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048293

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6908

FILED JAN 9 1964

1. PLACE OF DEATH a. COUNTY JACSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY KENTUCKY SIMPSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN FRANKLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CEREBRAL PALSY CENTER		d. STREET ADDRESS (If outside, give location) 712 LEGION DRIVE	
Length of stay in 1b 20 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) PATRICIA		4. DATE OF DEATH DECEMBER 20, 1963	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 24, 1951	
9. AGE (last birthday) 12 years		10. BIRTHPLACE (City and state or country) Kentucky	
11. CITIZEN OF WHAT COUNTRY U.S.A.			
12a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Sarah Gossett	
14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv No)		16. SOCIAL SECURITY NO.	
17. INFORMANT		Address RECORDS, CEREBRAL PALSY CENTER 3014 MAIN, K. C. MISSOURI	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory collapse		INTERVAL BETWEEN ONSET AND DEATH 15 minutes
DUE TO (b) Infection (?)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Palsy (severe) Mental Retardation, Convulsions		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from 12-9-63 to 12-20-63 and last saw her alive on 12-13-63	Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Gerald E. Hughes, M.D.	22b. ADDRESS 6400 PROSPECT, KANSAS CITY MO	22c. DATE SIGNED 12-20-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-20-63	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) Franklin, Kentucky
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 12-20-63	26. REGISTRAR'S SIGNATURE Bessie Smith
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Gerald E. Hughes

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. H. W. Meeker

Licensed Embalmer No. 5072

P. O. Address KC. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.